New England Deaconess Hospital
Boston, Massachusetts

pulse

VOLUME 29–NUMBER 6 MARCH 1976

William A. Meissner Laboratory dedicated

The William A. Meissner Laboratory was declared "officially open" by Laurens MacLure, president of the hospital, at a dedication ceremony held in the new laboratory and radiation therapy building on January 16. Opening the program were Roland Kluver, senior partner of the Architects Collaborative, the firm that designed the building; Tom Dimeo, head of Dimeo Construction Company, the builders; and Dr. Marvin Schorr, who was chairman of the building committee when the project started.

"We're very excited about moving in," said Dr. Samuel Hellman, chairman of the department of therapeutic radiology. "I think the building presents for us a wonderful place to take care of patients in a way that will enhance patient care . . . and be a very nice home for us while we take care of those patients."

Dr. Merle A. Legg, chairman of the department of pathology, said, "Our people will make excellent use of this building in doing leadership laboratory medicine."

When he was introduced, Dr. William A. Meissner, former chairman of the department of pathology, pointed out that it was 50 years ago that the department of laboratories at the Deaconess was formally established when Dr. Shields Warren and a small group of secretaries and technicians moved into brand new quarters in the Palmer building. Fifty years later the laboratories find themselves moving into the spacious William A. Meissner Building.

"I feel greatly honored – I'm overwhelmed – that the building should be named after me," said Dr. Meissner. Internationally known as a surgical pathologist and for his work in the study of the thyroid gland, Dr. Meissner is the former chairman of the department of pathology and is a Harvard Medical School professor of pathology at the Deaconess.

"I should certainly point out that presently, and through the years, there have been literally hundreds of people who have worked in the laboratories in all categories, from administrators to clerks, charters, technologists, pathologists, students, secretaries, deaners, all of them have contributed to excellence in the quality of work and patient service. I think this new laboratory building is really a tribute to all of them." Concluding with that statement, Dr. Meissner cut the ribbon to officially open the doors of the William A. Meissner Laboratory.

Dr. William A. Meissner cuts the ribbon to open the doors to the new William A. Meissner Laboratory at the dedication ceremony.

Among the small group of selected guests were Mrs. William A. Meissner and Dr. Shields Warren, pathologist-in-chief emeritus. Tours of the new laboratory were given to those who attended the dedication.

The radiation therapy department will complete its move by spring. The laboratories moved from the Palmer building into the Meissner Laboratory on January 31. Turn to page 3 for photographs of moving day.

NEDH aids Guatemala

Tragedy struck in the form of an earthquake in Guatemala on February 4, leaving over 22,000 dead, 74,000 injured, and 222,000 homeless. United States embassy officials said the earthquake was the worst disaster in recorded history in Central America.

Aid has poured in from all over the world. The Deaconess also responded to the need when contacted by Maria-Elena Musus, L.P.N., a former Deaconess employee from Guatemala.

Since Guatemala urgently required medical and surgical supplies, Richard D. Reardon, manager of purchasing, surveyed the storeroom and donated on behalf of the Deaconess I.V. solutions, dressings, surgical masks, sterile gloves, prep swabs, cidex (cold sterilizing solution), bandage rolls, and much more. He also called the hospital's suppliers to ask their help. They responded quickly. That same afternoon the first truckload of additional medical supplies arrived. During the next few days, the other vendors delivered their donations.

L. William Fuller, Jr., general manager of food services, and Charlotte L. Donaldson, manager of the dietetics department, donated dietary supplies. Dr. Maria Jimenez, pulmonary fellow, accumulated sample medications from Lahey Clinic physicians for use in Guatemala.

All the donations were stored in the old histology laboratory before being shipped directly to Guatemala.

The relief program will be going on for several months. In addition to medical and surgical supplies, Guatemala is in need of disposable baby diapers and such food items as black beans, red beans, rice, corn, baby foods, sugar, and coffee.

If you think you can help, donations can be sent to the Guatemala Relief Fund, 26 Bishop Richard Allen Drive, Cambridge, Massachusetts.

Dr. Gross discusses immunology at house officer lecture series

Dr. Robert L. Gross, second year medical resident, discussed his research in the field of cancer immunology at the luncheon conference for medical house officers on January 30. The lecture was the third in a series sponsored by the NEDH medical house officer alumni association.

Immunology involves the study of the action of several distinct systems whose prime function is to identify, inactivate, and destroy foreign matter or antigens. The body responds to an antigen with an antibody which is transported in lymphocytes.

A recent development differentiates lymphocytes into two distinct systems, T-cells and B-cells. Thymic derived T-cells are responsible for transplant immunity and the tumor surveillance system, while B-cells, which are Bursal derived, provide immunity against bacteria and some viruses. T-cells play the most prominent regulatory role in the immune system and act as either a promotor or suppressor.

In his research Dr. Gross found that when the level of T-cells is low, there is no normal immune response in cancer patients. Some cancers seem to influence the immune system adversely. After treatment or removal of the tumor, Dr. Gross has found that the patient's T-cells function as well or better than normal. He theorizes that the tumor is inducing the immune system to be abnormal which allows the tumor to grow.

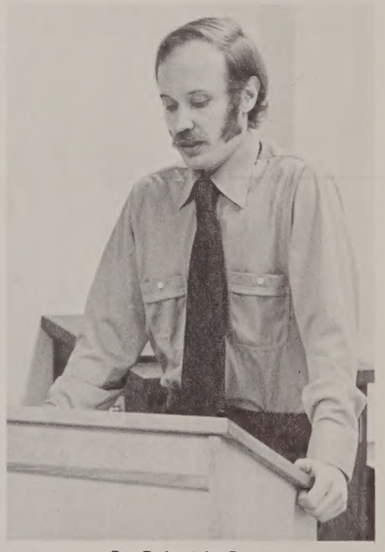
While Dr. Gross was in Africa in 1973 as a Goldberger Fellow in nutrition and as a visiting scientist, he studied T-cell function in patients with Burkitt lymphomas before, during, and after treatment. Evaluations were made using spontaneous rosette tests and rosette inhibition tests.

"The results suggested to us that patients with significant tumor burden are immunosuppressed. As one reduces the tumor burden, the immunosuppression dissappears and immune function returns to normal,' said Dr. Gross. "This suggests that the tumor itself is producing some factor which inhibits T-cell function."

There could be many reasons for the failure of the immune surveillance system. There could be a lack of a specific tumor antigen or insufficient amounts for it to be immunogenic. The host may be unresponsive to the tumor antigen, thus having an immune tolerance. An underlying immunodeficiency may exist in the body. Or the tumor may grow faster than the response of the immune system.

Dr. Gross has applied the same rosette tests to a study of patients with lung cancer in Boston. He has predicted malignancy in 28 out of 29 cases based solely on these tests.

Based on his research, Dr. Gross suggested that a treatment plan for some cancer patients might be immunotherapy, in which drugs are used to boost the numer of T-cells to combat the tumor or to reverse the immune inhibition caused by the tumor.



Dr. Robert L. Gross

During his year in Africa, and prior to his studies of patients with Burkitt lymphomas, Dr. Gross began to look into the immunology of malnutrition. These studies eventually led to his research in cancer immunology.

In the animals tested by Dr. Gross, he saw that where there was a folic acid deficiency, there was also a deficiency in T-cell function. Immune systems

(Continued on page 4)

Sail away with Jennifer Jaisle

Sail away.
Sail away.
We will cross the mighty ocean into Charleston Bay.
Sail away.
Sail away.
We will cross the mighty ocean into Charleston Bay.

Chorus from *Sail Away*
by Randy Newman

To sail away. To leave your worries on land and feel free as the wind and the waves carry you farther and farther out to sea.

Jennifer Jaisle knows that feeling. Last year she left her job as a nurse on Baker 4 to join a 14-member crew in sailing almost around the world. After one year at sea, Jennifer, 26, has returned to the Deaconess as a nurse in ICU.

Why did she do it? Why interrupt her career? Jennifer says she wanted to do something different. That desire and an adventurous spirit took her to the South Seas and through an experience she will never forget.

"The Pilot" was the catalyst that brought her and the crew together to share this fabulous adventure. Resembling an old Gloucester fishing schooner, the Pilot was a fore-n'-aft topsail schooner that had been used to guide ships into Boston Harbor. Built from wood in 1924 in Essex, Massachusetts, the boat was retired from duty in 1971 and purchased by three men from New England, two doctors and a lawyer.

Resembling an old Gloucester fishing schooner, the Pilot carried 15 crewmembers on an expedition almost around the world.

To make the vessel seaworthy again the three owners acquired the help of twelve others, who eventually became the Pilot's crew. Jennifer and the others spent weekends and vacations refurbishing the Pilot. She also used the time to become familiar with the terminology and techniques of a sailor. From landlocked Hudson, Massachusetts, Jennifer had never sailed before and wanted to be ready when the time came to lift the anchor and head for sea. That event came three years later.

Sporting new masts and sails, the Pilot, weighted down with supplies, was ready to resume its sailing career with its 7450 square feet of sail and twin GM-610 diesel engines. Jennifer and company left Boston in October, 1974, and weren't to set foot in Fenway Park or see the Bruins play for one year.

The first stop was Bermuda. The crew took five days to get there and spent a leisurely week on that island. For the next two months the Pilot island-hopped in the Caribbean. Antigua, Martinique, Granada, and Curacao were among its nine stops.

Christmas Day and New Year's Eve were celebrated in the Panama Canal. The year 1975 began in the Pacific Ocean.

The crew, which had an international make-up had now been together for three months. The only person from Massachusetts was Jennifer. The rest were from all over the United States and Europe. Canadians, New Zealanders, and Australians would join the crew later in the trip. The three doctors, two nurses, lawyer, teachers, and two children were having a grand time, but they were working hard.

"Someone once told me traveling on a sailboat is 15 percent pleasure and 85 percent work However, you can get pleasure from the work, too," said Jennifer.

To share this pleasure, as well as the work, the crew was divided into four teams to take turns cooking, scrubbing decks, sailing, and maintaining the schooner. There was always something to do on the boat. There were no days off.

After leaving the Panama Canal, the Pilot sailed for the Galapagos Islands, known for their wildlife ranging from tropical to Arctic. The Humbolt Current allows seals and penquins to share living space with iguanos and tropical birds.

These islands were the last bit of land the crew would see for 26 days as they embarked on their longest sea voyage across the Pacific Ocean. Their goal was the Marquesas Islands.

Jennifer Jaisle, R.N., sunned on an island in the South Pacific while Bostonians shoveled snow.

Upon reaching the shores of the Marquesas, they were so impressed with its unspoiled beauty, that the crew stayed for two weeks. They could have stayed longer, or left after only a few days. There was no schedule.

"Our only thought was of the seasons, not the time of day. Weather was the primary factor in deciding where and when we wanted to go," said Jennifer. Another factor that determined their choice of stops was the size of the Pilot. "It was such a big boat that we had trouble getting through reefs. With its 25-foot beam, it couldn't always fit through a pass."

At this time of year, when the snow and cold have overstayed their welcome, who wouldn't dream of lounging on the beach in Tahiti? Last year, at this time, that was what Jennifer and her colleaques were doing. And when they tired of Tahiti, they headed for Bora Bora and Moorea, all part of the Society Islands.

Jennifer described the Society Islands as volcanic, with high and jagged mountains, tropical forests, beautiful flowers, and waterfalls. Some of the islands had just one road encircling them. The people lived from the sea, sharing their catch with their neighbors, as there was no refrigeration in many towns and the fresh fish would spoil.

The Society Islands sound pleasant enough, but Jennifer said the highlight of the trip was the Kingdom of Tonga, the last independent kingdom in the South Pacific. The 28 small islands that comprise the kingdom are scarcely populated. The friendly and attractive people, who speak English taught to them by missionaries, are talented in handicrafts.

"The people would come up to the boat and invite us to their homes for Tongan feasts," said Jennifer. "Everything was cooked in coconut milk and wrapped in banana leaves. We had octopus, eel, and roast pig."

The crew stayed a few weeks and then sailed for the Fiji Islands, where some members returned to the United States to meet commitments they had made before the trip started. New crew members had been added along the way as replacements.

At the Fiji Islands the Pilot turned around and headed for Hawaii for a month's stay on Oahu, Maui, and Kauai. Then it sailed for home. A few months ago the Pilot docked at Sausolito, California, where it remains waiting to be sold.

When Jennifer returned to Boston, did she find the city had changed?

"I didn't find Boston or the country changed, but I think that I had changed in the way I perceive things. I see things differently," said Jennifer. "You really appreciate the people around you and what they can offer each other. It sounds really corny, but it's very real."

Would she do it again? Definitely, yes. Only this time she's talking about New Zealand. Sail away.

All hands on deck!

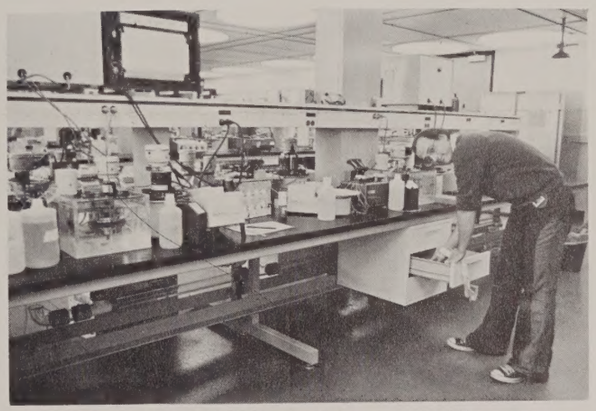
Moving into the Meissner Laboratory

Debbie Gravina, Cathy Bell, and Sue Landsman, (l. - r.) secretaries in pathology, packed for days in their office in the Palmer building.

In the new building, Jane Feeley, CLA, chemistry, labelled supplies.

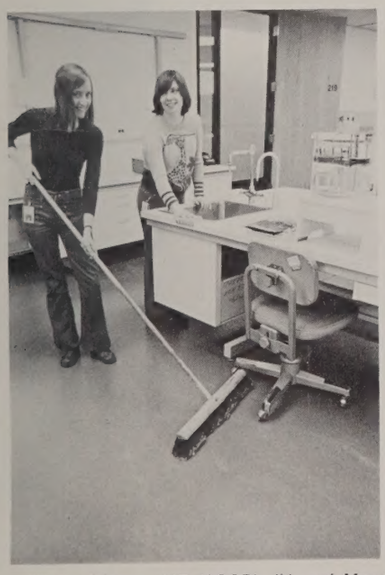
January 31 was the official moving day, but the packing began long before then. Earlier in the week boxes were carefully being filled with everything from typing paper to chemicals to delicate slides and glassware. Gradually the Palmer building was being emptied and the William A. Meissner Laboratory was filled as laboratory personnel and Casey and Hayes movers made the transfer of equipment, supplies, and furniture. In the week it took the laboratories to pack, move, and set up again, all the operations were kept functioning as usual.

With dexterity and speed, the Casey and Hayes movers brought the Sequential Multiple Analyzer (SMA) through the tunnels to its new quarters.

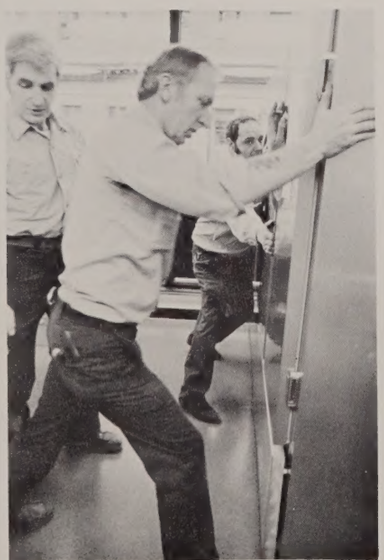


Dick Guziwski, CC (ASCP), chemistry, organized the counter.

Anne McCue, MT (ASCP), chemistry, scrubbed supplies.

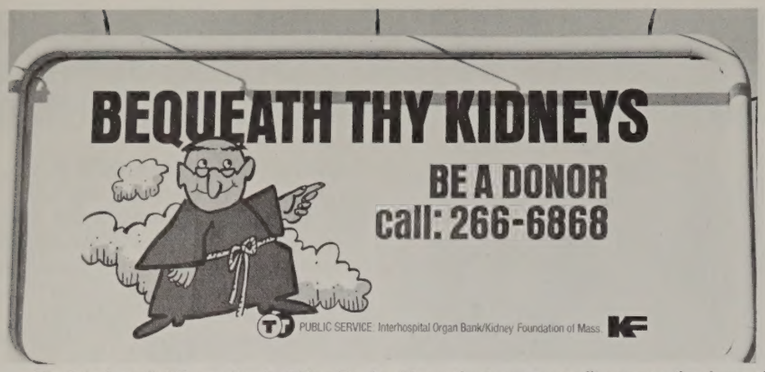


Nancy Kinney, MT (ASCP), (l.) and Mary Ferris, MT, cleaned up the hematology area.



Walter Hallowell, Alan Kelson, and Salvadore Triolo, (l. - r.) maintenance and engineering, put the refrigerator in place in the laboratories.

After the Chem 6 machine, which performs six blood tests on one blood sample in one minute, was moved to the Meissner Laboratory, it needed to be retubed, and Linda Hoag, MT (ASCP), assumed the responsibility.



The Interhospital Organ Bank of New England is a voluntary, nonprofit, corporation formed in 1968 to promote the procurement, preservation, and distribution of tissues and organs for transplantation in participating hospitals in New England. This organization, whose board of trustees includes Dr. Anthony P. Monaco, general and thoracic surgery, has initiated a campaign to increase public awareness of the need for kidney donations through the use of billboards, pictured above, which will be seen throughout the Greater Boston area for the next few months. To join this program, call the telephone number on the billboard.

Community blood donor program celebrates third birthday

The NEDH-NEBH Community Blood Donor Program celebrated its third birthday on January 30 with a reception preceded by a presentation of its new Gallon Club members. Dr. Randi V. Rosvoll, director of the blood bank, opened the celebration by pointing out that the Gallon Club membership now numbers 52. Two members of the Gallon Club, John Reed and Jim McCormick, have donated two gallons each, totaling 32 units of blood.

Membership in the Gallon Club of the community blood donor program is attained by donating eight units of blood. The community blood donor program is open to anyone, employees of NEDH and NEBH, family members, or friends, in good health and between the ages of 18 and 66. Two donations a year provide full blood coverage during that year to the donor and his or her family anywhere in the United States. The blood banks are located on Deaconess 3 at NEDH and on the first floor, main building, at NEBH. An appointment can be made by calling Deaconess extension 2587, or 738-5800, extension 367 or 214 at the Baptist.

Participation in the community blood donor program has grown from 636 donors in 1973 to 863 donors in 1975.

Although only 20 percent of employees have donated blood, Dr. Rosvoll estimates that 70 percent are eligible to donate.

New members of the Gallon Club are: Richard Andrews, Collette Atchinson, Richard Bellofatto, Jeannine Bensette, Joyce Blank, Roberta Bouvier, Scott Butler, Paul Case, Dr. Bradley Copeland, Lucy Dean, Anne Doherty, Margaret Drees, Ruth Durham, Mitchell Faine, Diane Fecteau, William Flatley, Mary Forbes, Jane Gaken, Alice Gervasini, Richard Heckel, Mary Hennessey, Ann Hurley, Rosalie Kovar, Dr. Merle Legg, Richard Lewis, Jay McCormick, Dennis Monty, Gwendolyn Muldoon, Everett Nickerson, Philip Pacella, Francis Palms III, Duncan Preston, David Reed, Clare Shruhan, Albert Smith, Edward Taylor, Dr. Robert Timberlake, and two NEBH employees.

They join John Reed, Jim McCormick, James Benoit, Herb Bonney, William Branson, Elizabeth Dickey, Katherine Feeley, Nelson Fox, Jill Kleeman, William Martin, Patricia Rossetti, Thaddeus Szarek, and Clayton Ward in expanding Gallon Club membership to 52.

Say Happy New Year with a fortune cookie

Decorated with hanging lanterns and bright red tablecloths, the NEDH cafeteria was transformed into a Chinatown cafe on January 28 as the dietetics department welcomed the Chinese New Year a few days early. Employees enjoyed won ton soup, barbecued spare ribs, and sweet and sour chicken. Beef braised with mushrooms and bamboo shoots, Chinese chopped salad, boiled white rice, sauteed spinach, pineapple chunks, and the traditional fortune cookie were also on the menu.

Attired in a coolie hat and an oriental gown, Eleanor Murphy, the cafeteria's hostess, distributed coolie hats to set the mood. All that was missing were the chopsticks.

Katherine LaCroix, employment counselor, digs her teeth into a spicy spare rib, one of the many Chinese delicacies served to honor the Chinese New Year.

The Chinese New Year officially came on January 31. Each year is symbolized by an animal and this year's sign is the dragon, a symbol of good fortune, power, and nobility.

Chef Martin I. Dupee greeted the year of the dragon with his own dragon carved out of ice. Using a five-pronged ice pick, chisel, and rip saw, Mr. Dupee carved into a 300-pound block of ice for four hours to create this ice sculpture.

Dr. Gross . . .

(Continued from page 1)

were also defective. In comparison with earlier studies done in Boston, Dr. Gross found that malnourished people deficient in folic acid could not combat infection. Apparently their level of T-cells, and thus their immune systems, were not functioning to capacity either.

"The results of the folate deficiency have implications with regard to carcinogenesis and cancer therapy," said Dr. Gross. "It would be important to determine the relationship between nutrition and cancer. It is interesting that in lung cancer patients, it was found that vitamin A intake was related to incidence of lung cancer in high risk patients."

There was a significantly lower level of vitamin A in lung cancer patients. Another example is found in folic acid deficiency in that it affects immune responsiveness and is also associated with a much higher incidence of hepatomas and colon cancers in animal cancer models.

Dr. Gross said that nutrition should be considered in the treatment of cancer patients, whose immune system is stressed by the presence of a tumor and further stressed by surgery, radiation therapy, or chemotherapy, which is itself an immunosuppressant. The further burden of a possible immune deficiency caused by malnutrition must be avoided.

New England Deaconess Hospital
185 Pilgrim Road
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pulse

The New England Deaconess Hospital is a 471-bed and 16-building complex. Physicians from the Joslin Clinic, the Lahey Clinic, Overholt Thoracic Clinic and the independent medical and surgical staffs serve the needs of their patients at the hospital. The Deaconess is internationally known for diagnosis, treatment and research in brain and chest surgery, cancer, diabetes and general medicine, and is affiliated with Harvard Medical School.

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THE LABORATORIES MOVE TO THE MEISSNER LABORATORY:
See page 3.

Dr. Randi V. Rosvoll, (l.) pathologist, and Margaret Ferrante, MT (ASCP), chemistry, move equipment through the tunnels.

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